

M

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

117-6

CERTIFICATE OF DEATH

10295

Reg. Dist. No. 270

1. PLACE OF DEATH:

County.....Somerset
 City or town.....Crisfield Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....7 days
 Hospital, institution or street address where death occurred:
Mrs. (Neddy) Memorial Hosp.
 How long in hospital or institution?.....7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Virginia County.....Accomack
 City or town.....New Church Va.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....Rural
 (If rural, give LOCATION)
 2(a) If veteran, name war.....✓

3. (a) FULL NAME

Olivia G. T. Belf

3. (b) Social Security Number

✓

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female, white, single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) June 22, 19098. AGE: Years Months Days If less than one day
37 3 14 hrs. min.9. Birthplace New Church, Accomack Virginia
(Town, county, and state)10. Usual occupation.....School teacher

11. Industry or business

12. Name.....Harry H. Belf13. Birthplace.....Virginia14. Maiden name.....Viola Wilson15. Birthplace.....Maryland16. Informant.....Harry H. BelfAddress.....New Church Va.17. Burial Date thereof.....Oct 8, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium.....Salon M. E. CemeteryLocation.....Pocomoke City Md.18. Funeral director.....Harry H. BelfAddress.....Pocomoke City Md.19. 10/8 1946
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....October 19, 1946, at.....M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 5 1946, to Oct 6 1946
and that I last saw him alive on Oct 6 1946

Immediate cause of death

Acute Dil 7 heart

DURATION

Due to.....PericarditisDue to.....Myocardial Infarction

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....Myocardial Infarction
Pericarditis Date of op.....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....Lucas C. Collins M.D.
M. D. or otherAddress.....Marion St. Md. Date signed.....Oct 7, 1946

RECEIVED

OCT 17 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *57-6*

CERTIFICATE OF DEATH

Reg. Dist. No. *102962700*

1. PLACE OF DEATH:

County *Somerset*
 City or town *Crisfield*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *37 years*
 Hospital, institution, or street address where death occurred:
McCreedy Mem. Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Somerset*
 City or town *Crisfield*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *316 Chesapeake Ave*
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Elijah H. Bethard

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*

6. (b) Name of husband or wife *Ella Bennett Bethard*

7. Birth date of deceased (mo., day, yr.) *February 22, 1866* 6. (c) If alive, give age *75* years

8. AGE: Years *80* Months *2* Days *22* If less than one day
 hrs. min.

9. Birthplace *Worcester County, Maryland*
(Town, county, and state)10. Usual occupation *Merchant*11. Industry or business *Grocery*12. Name *Solomon Bethard*13. Birthplace *Parsonburg, Maryland*14. Maiden name *Susan Jane Shockley*15. Birthplace *Worcester County, Md.*16. Informant *Clarence Bethard*Address *Crisfield, Maryland*

17. (Burial, cremation, or removal. Which?) *Burial* Date thereof *Oct. 17, 1946*
 (month) (day) (year)

Cemetery or crematory *Sunny Ridge Cemetery*Location *RURAL, Crisfield, Maryland*18. Funeral director *H. Harvey Bradshaw*Address *Crisfield, Maryland*

19. *19/5/46* *Anthony E. Frank*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Oct 14* 19 *46*, at *7:30 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan 1* 19 *45*, to *Oct 14* 19 *46*, and that I last saw him alive on *Oct 14* 19 *46*.

Immediate cause of death *Cerebral Del 7 x 4 1/2* DURATION *1 week*

Due to *Cerebral Del 7 x 4 1/2* *2 yrs*

Due to *Cerebral Del 7 x 4 1/2* *2 yrs*

Other conditions *Cerebral Del 7 x 4 1/2* *2 yrs*

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Anthony E. Frank* M. D. or other

Address *Marion St. Md* Date signed *Oct 15-46*

NOV 29 1946

BUREAU V B

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 269

1. PLACE OF DEATH:

County Somerset
 City or town Venton
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Hattie A. Boush
 4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married

8. (b) Name of husband or wife Irving B. Boush

7. Birth date of deceased (mo., day, yr.) March 1888
 8. (c) If alive, give age _____ years

8. AGE: Years 61 Months 7 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Dresden, Germany
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business none12. Name Bothe

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

16. Informant Irving B. BoushAddress Venton, Md

17. Burial Date thereof Oct. 19, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Graceland, MdLocation Princess Anne, Md18. Funeral director Dale DaskillAddress Princess Anne, Md

19. Oct 19 19 46 Wm. S. Bennett
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset
 City or town Venton
 (If outside city or town limits, write RURAL and give nearest town)

Street No. none
 (If rural, give LOCATION)

2. (a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH October 17 19 46 at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw h. _____ alive on _____ 19 _____

Immediate cause of death _____

DURATION

Cerebral hemorrhage
 Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm. S. Bennett M. D. or other

Address Princess Anne, Md Date signed 10/18/46

RECEIVED
OCT 21 1946
BUREAU : B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-6)

CERTIFICATE OF DEATH

10298

Reg. Dist. No. 260

1. PLACE OF DEATH: S Somerset County..... City or town..... Eden (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... Maryland County..... Somerset City or town..... Eden (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(u) If veteran, name war.....			
3. (a) FULL NAME Johnnie Campbell Jr.				3. (b) Social Security Number			
4. Sex Male		5. Color or race White		6. (a) Single, married, widowed, or divorced Single			
6. (b) Name of husband or wife							
7. Birth date of deceased (mo., day, yr.) September 25, 1920							
8. AGE: Years 26		Months 0		Days 6		If less than one dayhrs.min.	
9. Birthplace Fruitland, Wicomico Co., Md. (Town, county, and state)							
10. Usual occupation Laborer							
11. Industry or business							
FATHER		12. Name John E. Campbell					
MOTHER		13. Birthplace Worcester Co., Maryland					
14. Maiden name Libby Mae Bratton		15. Birthplace Delaware					
16. Informant John E. Campbell Address Eden, Maryland							
17. Burial Date thereof October 4, 1946 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Allen Location Allen, Maryland 18. Funeral director The Hill & Johnson Co. Address Salisbury, Maryland							
19. 10/4 46 R. D. Johnson, M.D. Registrar (Date rec'd by registrar)							
MEDICAL CERTIFICATION 20. DATE OF DEATH October 1, 1946, at 7 A.M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19, 1946, to Sept 29, 1946, and that I last saw him on Sept 29, 1946. Immediate cause of death Pulmonary Tuberculosis DURATION 1 year Due to..... Due to..... Other conditions..... (Include pregnancy within 3 months of death) Major findings of operations..... Date of op. Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?							
23. SIGNATURE Frank Matus M.D. or other Address..... Date signed 10/10/46							

RECEIVED

OCT 10 1945

BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

10299

Reg. Dist. No.

2650

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 1 month
 Hospital, institution, or street address where death occurred:
 Locust Street
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... RURAL,
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

VIRGIE COLLINS

3. (b) Social Security Number

Not known

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married
6. (b) Name of husband or wife..... Herbert Collins		
7. Birth date of deceased (mo., day, yr.)..... May 20, 1993		
8. AGE:	Years	Months
	53	4
		21
		hrs. min.
9. Birthplace..... Temperanceville-Accomac-Virginia (Town, county, and state)		
10. Usual occupation..... House wife		
11. Industry or business.....		
FATHER	12. Name.....	John Armstrong
	13. Birthplace.....	Princess Anne, Md.
MOTHER	14. Maiden name.....	Elizabeth Matthews
	15. Birthplace.....	Accomac County, Va.
16. Informant..... Herbert Collins Address..... Crisfield, Md.		
17. (Burial, cremation, or removal. Which?)..... Burial Date thereof..... Oct. 14, 1946 (month) (day) (year) Cemetery or crematory..... Lawsons Cemetery Location..... RURAL, Crisfield		
18. Funeral director..... H. Harvey Bradshaw Address..... Crisfield, Maryland		
19. (Date rec'd by registrar)..... 19/12/46 Registrar.....		

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 11, 1946, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from [unclear] and that I last saw [unclear] at [unclear].

Immediate cause of death..... Arterio Sclerosis

DURATION.....

Due to..... Coronary Sclerosis

Due to..... Paralysis

Other conditions..... Waterhouse

(Include emergency within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
 Accident, suicide, or homicide..... Date of [unclear]
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... H. H. Bradshaw
 Address..... Crisfield Md Date signed Oct 13/46

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NOV 29 1919
BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10300

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Near Eden (RURAL) Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Eden (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Liza Jane Cornish
 4. Sex female 5. Color or race colored 6. (a) Single, married, widowed, or divorced widowed

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1946 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE, if death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of Injury Injured at work?

23. SIGNATURE Henry M. Lambford M.D.

Address Princess Anne Md Date signed 10/20/46

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown 1856-?

8. AGE: Years Months Days If less than one day

approximately 80 years old

9. Birthplace Venton, Ind. Somerset

10. Usual occupation housewife

11. Industry or business same

12. Name Levi Britton

13. Birthplace Venton, Ind.

14. Maiden name Mary Parker

15. Birthplace Venton, Ind.

16. Informant Professor Cornish

Address Eden, Ind. (Rural)

17. burial Date thereof Oct. 22 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Zion Cemetery

Location Mt. Vernon RFD #2

18. Funeral director Charles Dashiell

Address Princess Anne Md.

19. 10/22 1946 R.T. Johnson M.D.

(Date rec'd by registrar) Registrar

RECEIVED
OCT 24 1946
BUREAU A. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10301 265

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

JOHN H. HOWARD

3. (b) Social Security Number

4. Sex..... Male
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... November 15, 1882
 8.(c) If alive, give age..... years

8. AGE: Years..... 63 Months..... 10 Days..... 16 It less than one day..... hrs. min.

9. Birthplace..... Crisfield-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation..... Waterman11. Industry or business..... Catching seafood12. Name..... John Howard13. Birthplace..... Marion, Maryland14. Maiden name..... Clara Miller15. Birthplace..... Marion, Maryland16. Informant..... Charles GoldsboroughAddress..... Crisfield, Maryland

17. Burial Date thereof..... Oct. 3, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Nelson Burying GroundLocation..... Rural, Crisfield, Maryland18. Funeral director..... H. Harvey BradshawAddress..... Crisfield, Maryland

19. 1946 C. E. Collins, D.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct 1, 1946, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept 29, 1946 to Oct 1, 1946
 and that I last saw him alive on Oct 1, 1946

Immediate cause of death..... Ischemic pneumonia DURATION..... 2 days

Due to.....

Due to.....

Other conditions..... Chronic myocarditis 3 yr.
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... S. M. Peyton M.D. M. D. or other
 Address..... Crisfield Date signed..... Oct 2, 1946

1946

UNITED STATES DEPARTMENT OF JUSTICE

STATE OF NEW YORK

IN SENATE

ATTESTED

IN WITNESS

RECEIVED
OCT 17 1946
BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10302

2690

1. PLACE OF DEATH:

County Somerset
 City or town Prigle Md.
 (If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Prigle Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Lewis Ernest Johnson

3.(b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Widowed

B.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1871

8. AGE: Years Months Days If less than one day
68 hrs. min.

9. Birthplace Brooklyn N.Y.
(Town, county, and state)10. Usual occupation Livery Business11. Industry or business Rental of Horses12. Name George E. Johnson13. Birthplace Unknown14. Maiden name Harriet Moore15. Birthplace Brooklyn N.Y.16. Informant Alice Gertrude WithyattAddress Prigle Md.

17. Burial Date thereof Nov 4th, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen CemeteryLocation Brooklyn New York18. Funeral director Charles DashiellAddress Princess Anne Md.

19. Nov 4 1946 M. S. L. Bonnett
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1946 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 1946 to 1946
 and that I last saw him alive on 1946

Immediate cause of death

DURATION

Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where and in what place? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Henry M. Landford M.D.
 Address Prigle Md. Date signed 11/1/46

SECRET

OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301

OFFICE OF THE SECRETARY OF DEFENSE

OFFICE OF THE SECRETARY OF DEFENSE

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10303 260

1. PLACE OF DEATH:

County Somerset
 City or town Mt. Vernon - Rural (Pr. Anne)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 43 years
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rt. 2, Box 9.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

David Jones

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male colored married

6. (b) Name of husband or wife Elizabeth Jones

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1866

8. AGE: Years 80 Months 9 Days 15 it less than one day hrs. min.

9. Birthplace Mt. Vernon, Somerset, Md.
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

12. Name Grace Jones

13. Birthplace Mt. Vernon, Md.

14. Maiden name Matilda Jones

15. Birthplace Mt. Vernon, Md.

16. Informant Matley Williams

Address Route 2, Eden, Md.

17. (Burial, cremation, or removal. Which?) Date thereof Nov. 3, 1946
(month) (day) (year)

Cemetery or crematory Mt. Zion Cemetery

Location Mt. Vernon, Md.

18. Funeral director Dale Backwell & Son

Address Princess Anne, Md.

19. Nov. 1, 1946 H. J. Johnson, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1946 at 7:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 22nd 1946 to Oct 31st 1946

and that I last saw him alive on Oct 22nd 1946

Immediate cause of death Chronic myocardiitis 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

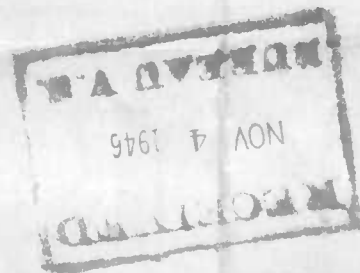
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George G. Mearsman

M. D. or other

Address Princess Anne, Md. Date signed Nov. 1, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10304

2700

1. PLACE OF DEATH:

County SomersetCity or town Longfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

McReady Mem. Hosp.

How long in hospital or institution?

3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County SomersetCity or town Longfield
(If outside city or town limits, write RURAL and give nearest town)Street No. 2 Main St
(If rural, give LOCATION)

2.(a) If veteran, name war

None

3.(a) FULL NAME

Ena J. McReady

3.(b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

March 6, 1871

8. AGE:

Years

Months

Days

If less than one day

75717

hrs.

min.

9. Birthplace

Longfield
(Town, county, and state)

10. Usual occupation

Pres. McReady book co

11. Industry or business

Retired

MOTHER FATHER

12. Name

George J. McReady

13. Birthplace

Longfield

14. Maiden name

Sidonia Somerset

15. Birthplace

Longfield

16. Informant

Marie Wartin

Address

Longfield

17.

(Burial, cremation, or removal. Which?)

Date thereof

10/25/46
(month) (day) (year)

Cemetery or crematory

Summit Ridge

Location

Longfield

18. Funeral director

Howard H. Hearn

Address

306 Main St, Longfield

19.

(Date rec'd by registrar)

10/24/46
Cynthia E. Frank
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 19 46, at 12:05 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 46, to Oct 23 19 46.and that I last saw him alive on Oct 23 19 46.

Immediate cause of death

Acute D. of heart

Due to

Myocardial Infarction

Due to

Circumflex Artery

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Circumflex Artery

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

George J. McReady
M. D. or other

Address

main stone

Date signed

10/24/46

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NOV 29 1946
BUREAU

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH



10305

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Westover
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 1/2
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)
State Maryland County Somerset
City or town Westover
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Susan e Mary e Mc Corman

3. (b) Social Security Number

4. Sex Female 5. Color of race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Wright e Mc Corman
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) April - 1857
8. AGE: Years 89 Months 5 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Farmington, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Dorsey

13. Birthplace Md.

14. Maiden name Margaret e Lane

15. Birthplace Somerset County, Md.

16. Informant Will e Mc Corman
Address Westover, Md.

17. Burial Episcopal Date thereof Oct. 28, 1946
(Burial, cremation, or removal (which?)) (month) (day) (Year)
Cemetery or crematory Princess Anne, Md.

18. Funeral director Princess Anne, Md.
Address Princess Anne, Md.

19. Oct. 28, 1946 R. D. Johnson, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1946, at 7:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1945 to Oct 15 1946

and that I last saw him alive on Oct 15 1946

Immediate cause of death gum abscess
arteriosclerosis

Due to _____

Due to _____

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Math M. D. or other

Address Princess Anne Date signed Oct. 28

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 29 1946
BUREAU V. C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 168

CERTIFICATE OF DEATH

Reg. Diat. No. 10306 265

1. PLACE OF DEATH:

County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
45 days
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 126 S. Fourth Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Walton Lee Moseley

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleColored

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 7 1926

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
20 0 26 hrs. min.9. Birthplace Chase City-Mecklenburg-Virginia
 (Town, county, and state)10. Usual occupation Seafood Cook11. Industry or business Oysters & crabs12. Name Robert Moseley13. Birthplace Chase City, Virginia14. Maiden name Ola Piercy15. Birthplace Merklenburg County, Va.16. Informant Mrs. Ola MoseleyAddress Boydton, Virginia17. Burial Date thereof October 8, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lone Oak Church CemeteryLocation RURAL, Boydton, Virginia18. Funeral director H. Harvey BradshawAddress Crisfield, Maryland19. 10/2/46 B E Collier
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1946 at 11:45 M

21. I CERTIFY that death occurred on the date above stated; that he died from

Internal AbdominalHemorrhageand that I last saw him live on Oct 3 1946

Immediate cause of death

Internal AbdominalHemorrhageDue to ShockDue to Pistol woundshot in abdomen

Other conditions

William M. Coulbourn, M. D.

(Include pregnancy within 3 months of death)

DEPUTY MEDICAL EXAMINER

Major findings of operations

FOR SOMERSET COUNTY, MD.Autopsy results Abdominal Hemorrhage

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Shot by Robert Date of Oct 3/46Where did injury occur? Crisfield, Som. Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) on streetMeans of Injury Pistol shot Injured at work? no23. SIGNATURE W. M. CoulbournAddress Crisfield Md Date signed Oct 7/46

RECEIVED

OCT 17 1945

BUREAU 10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1610

CERTIFICATE OF DEATH

10307

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Louisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred
How long in hospital or institution? 3 days 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Somerset
City or town Louisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Catherine Ann Nelson

3. (b) Social Security Number

47000

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct 1, 1946 B. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
1 hrs. min.

9. Birthplace Louisfield
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John R. Nelson

13. Birthplace MD

14. Maiden name Wanda Sterling

15. Birthplace MD

16. Informant John R. Nelson

Address Louisfield

17. Burial Date thereof Oct 3, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Burial

Location Louisfield

18. Funeral director Howard H. Nelson

Address Louisfield MD

19. 10/3/46 19 10/3/46
(Date rec'd by registrar) (Date signed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 19 46, at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 19 46, to Oct 3 19 46, and that I last saw him alive on Oct 2 19 46.

Immediate cause of death

DURATION

Hemorrhagic disease of newborn 1 day
Due to maternal toxemia
pregnancy
Due to prematurity (em.)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Peyton M.D. M. D. or other

Address Louisfield MD Date signed Oct 3, 1946

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 17 1946

BUREAU V C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85

CERTIFICATE OF DEATH

Reg. Dist. No.

10308
269

1. PLACE OF DEATH:

County Somerset
City or town Oriskany
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Wenton Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war

none

3. (a) FULL NAME

Albert E. Lisha Parks

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec 15, 1919
B.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

269. Birthplace Oriskany, Somerset, Maryland
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

(supplied)

MOTHER

12. Name

Unknown

13. Birthplace

Mattie Parks

14. Maiden name

Oriskany Md.

15. Birthplace

Harry Parks

16. Informant

Wenton Md.

Address

Burial

17. (Burial, cremation, or removal. Which?)

Date thereof Nov 1, 1946
(month) (day) (year)

Cemetery or crematory

Order of Mechanics

Location

Oriskany Md.

18. Funeral director

Princess Anne Md.

Address

Nov 1st 1946

19. (Date rec'd by registrar)

W. H. Bennett

Registrar

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30, 1946 at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 30, 1946 to Oct. 30, 1946
and that I last saw him alive on Oct. 29, 1946

Immediate cause of death epilepsy
DURATION all life

Due to congenital abnormalities
Due to since birth

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____
Date of op. _____

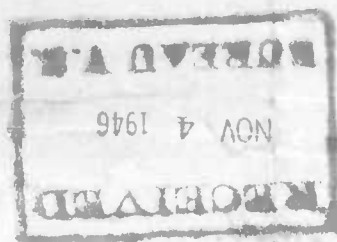
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Thos. B. Whaley M.D.
Address Princess Anne Md.
Date signed 10/20/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Princes Anne and
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... four years
 Hospital, institution, or street address where death occurred.....
 How long in hospital or institution?..... 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland
 City or town..... Princes Anne and
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex..... Female
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... widowed
 6.(b) Name of husband or wife..... Mr. Wm. Payne
 7. Birth date of deceased (mo., day, yr.)..... Feb. 9th 1889
 8. AGE: Years..... 59
 Months..... 8
 Days.....
 If less than one day..... hrs..... min.

9. Birthplace..... Somerset Co. and
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Long work

12. Name..... Mrs. Wilson

13. Birthplace..... Somerset Co. and

14. Maiden name..... Julia Shonin

15. Birthplace..... Somerset Co. and

16. Informant..... Henry Payne

Address..... Princes Anne

17. Burial, cremation, or removal: Which?..... Burial

Date thereof..... Apr 3rd 1946

Cemetery or crematory..... St. Michaels

Location..... Somerset Co. Pa.

18. Funeral director..... J. D. Johnson

Address..... Princes Anne

19. Nov. 1946

(Date rec'd by registrar) 1946 R. H. Johnson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct. 21st 1946 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19.....

and that I last saw him..... 19.....

Immediate cause of death..... Tuberculosis

Pulmonary

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... J. D. Johnson

M. D. or other

Address..... Princes Anne

Date signed..... 10/21/46

RECEIVED
NOV 4 1946
BUREAU A.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1600

CERTIFICATE OF DEATH

Reg. Dist. No. 11317 2650

1. PLACE OF DEATH:

County Somerset
 City or town Lanfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Somerset
 City or town Lanfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main St
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Clarice Francis Price Jr.
Baby Boy Justice

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct 29, 1946 8. (c) If alive, give age 1 years

8. AGE: Years 1 Months 0 Days 0 If less than one day 1 hrs. 0 min.

9. Birthplace Lanfield MD
 (Town, county, and state)

10. Usual occupation None

11. Industry or business None

12. Name Blairance F Price

13. Birthplace MD

14. Maiden name Agatha L. Justice

15. Birthplace MD

16. Informant Blairance F Price

Address Main St Lanfield MD

17. Burial Date thereof 10/30/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Burial Ridge

Location Lanfield MD

18. Funeral director Wendell A. Steward

Address 306 Main St, Lanfield, MD

19. 10/30/46 Registrar Agatha L. Justice
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1946 at 7:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 29 1946 to Oct 29 1946 and that I last saw him alive on Oct 29 1946

Immediate cause of death Asphyxia at birth DURATION

Due to difficult labor

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Peyton M.D.

Address Crisfield MD Date signed Oct 30, 46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

RECEIVED
NOV 29 1945
BUREAU 78

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13707

CERTIFICATE OF DEATH

10310

Reg. Dist. No. 2650

1. PLACE OF DEATH:

County..... Somerset
City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset
City or town..... Westover
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Edward J. Ritzell

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)..... December 12, 1894

8. AGE: Years..... 51 Months..... 9 Days..... 29 If less than one day..... hrs. min.

9. Birthplace..... Westover-Somerset-Md.
(Town, county, and state)

10. Usual occupation..... Miller11. Industry or business..... Flour mill12. Name..... Agustus Ritzell13. Birthplace..... Germany14. Maiden name..... Eliza beth Betler15. Birthplace..... Pennsylvania16. Informant..... Mrs. Edward J. RitzellAddress..... Westover, Maryland

17. Date thereof..... Oct. 14, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Episcopal CemeteryLocation..... Princess Anne, Maryland18. Funeral director..... H. Harvey BradshawAddress..... Crisfield, Maryland19. 10/11/46 Agathe E. Frank

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct 11 1946 at 2:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1 1946 to Oct 11 1946and that I last saw him alive on Oct 10 1946Immediate cause of death..... Acute Dec 7 heartDue to..... Chronic myocardial Chronic degenerativeDue to..... Hypertensive heart disease

Other conditions.....

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2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Mt Vernon Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Mt Vernon County SomersetCity or town same
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Louise C. Ross

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white Married

6. (b) Name of husband or wife Grover T. RossB. (c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) Feb 10, 18928. AGE: Years 54 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Deal Island, Somerset Md
(Town, county, and state)10. Usual occupation Housewife11. Industry or business same12. Name Robert Claville13. Birthplace Snow Hill Md14. Maiden name Capitola Webster15. Birthplace Deal Island Md16. Informant Grover RossAddress Princess Anne Md17. Burial Date thereof Oct. 22, 1946
(Burial, cremation, or removal) Which? (month) (day) (year)Cemetery or crematory John Wesley CemeteryLocation Mt Vernon Md18. Funeral director Dale WashellAddress Princess Anne Md19. 10/22 19 46 R. W. Johnson, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 19 46 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____ 19 _____ 19

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death

Bullet wound of chest

Due to _____

Other conditions _____

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of 10/20/46Where did injury occur Princess Anne Somerset Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Bullet wound Injured at work? no

23. SIGNATURE _____ M. D. or other

Address Princess Anne Md Date signed 10/22/46

RECEIVED
OCT 24 1946
BUREAU 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15701

CERTIFICATE OF DEATH

Reg. Dist. No. 11319 2650

1. PLACE OF DEATH:

County.....Somerset
 City or town.....Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
322 Locust
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Maryland County.....Somerset
 City or town.....Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....322 Locust Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Infant Taylor, Jimmy Lee

3. (b) Social Security Number

4. Sex.....Male
 5. Color or race.....White
 6.(a) Single, married, widowed, or divorced.....-----
 6.(b) Name of husband or wife.....-----
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....Oct
 8. AGE: Years..... Months..... Days..... If less than one day..... hrs. Few min.

MEDICAL CERTIFICATION

20. DATE OF DEATH.....October 9 1946 at 4:15 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 9 1946 to Oct. 9 1946 and that I last saw him alive on Oct. 9 1946
 Immediate cause of death.....Congenital anomaly?
 DURATION.....2 min
 Due to.....?
 Due to.....?
 Other conditions.....Baby born twice & died
 (Include pregnancy within 3 months of death)
 Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

9. Birthplace.....Crisfield-Somerset-Maryland
 (Town, county, and state)
 10. Usual occupation.....
 11. Industry or business.....
 12. Name.....Stanley Taylor
 13. Birthplace.....Accomac County, Virginia
 14. Maiden name.....Rose Ella Myers
 15. Birthplace.....Ewell, Smith Island, Md.
 16. Informant.....Stanley Taylor
 Address.....322 Locust St., Crisfield, Md.
 17. Burial..... Date thereat.....Oct 15, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory.....Mariners Cemetery
 Location.....RURAL, Crisfield, Md.
 18. Funeral director.....H. Harvey Bradshaw
 Address.....Crisfield, Md.
 19. 1415146 Registrar.....Agatha E. Smith
 (Date rec'd by registrar)

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?
 23. SIGNATURE.....G. M. Peyton M.D.
 M. D. or other.....
 Address.....Crisfield, Md.
 Date signed.....Oct. 15

RECEIVED
NOV 29 1946
BUREAU T 3

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

269

1. PLACE OF DEATH:

County... Somerset county

City or town... Chesapeake
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset county

City or town... Chesapeake
(If outside city or town limits, write RURAL and give nearest town)Street No.
(if rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ella Bain Tyler

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

B. (b) Name of husband or wife

George Tyler

I. Birth date of

Dec. 1, 1878
deceased (mo., day, yr.)

5. (c) If alive, give age 71 years

8. AGE:

Years

Months

Days

If less than one day

69

10

hrs.

min.

9. Birthplace

Ariole
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

James Phoebe

13. Birthplace

Ariole

MOTHER

14. Maiden name

Mary Hayman

15. Birthplace

Princess Anne

16. Informant

Robert Colburn

Address

Princess Anne

17.

(Burial, cremation, or removal. Which?)

Date thereof

Oct 4, 1946
(month) (day) (year)

Cemetery or crematory

Ariole Cemetery

Location

Ariole

18. Funeral director

Dale Dashiell

Address

Princess Anne

19.

(Date rec'd by registrar)

19. 46

Wm S. Bennett
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Oct. 1st 1946 at 5:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 22 1946 to Oct. 1st 1946

and that I last saw her alive on Oct. 1st 1946

Immediate cause of death

Cerebral Hemorrhage 2 yrs

Due to

Hypertension

Due to

Other conditions

Carcinoma of
Lung

(Include pregnancy within 8 months of death)

DURATION

8 yrs.

Major findings of operations

Date of op.

Autopsy results

not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm S. Bennett M.D. or other

Address

Princess Anne Date signed 10/2/46

RECEIVED
OCT 7 1946
BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 184

CERTIFICATE OF DEATH



10314

Reg. Dist. No. 260

1. PLACE OF DEATH:

County... Somerset
 City or town... Princess Anne Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Somerset
 City or town... Princess Anne Md
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Gilbert Luther Widdowson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

1939

6. (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

7

.....hrs.min.

9. Birthplace

Princess Anne Md Somerset
(Town, county, and state)

10. Usual occupation

School Boy

11. Industry or business

School Boy

MOTHER

12. Name

Luther Widdowson

13. Birthplace

Princess Anne Md

14. Maiden name

Lydian Webster

15. Birthplace

Deal Island Md

16. Informant

Luther Widdowson

Address

Princess Anne Md

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Oct 31 1946
(month) (day) (year)

Cemetery or crematory

Episcopal

Location

Princess Anne Md

18. Funeral director

Charles Washell

Address

Princess Anne Md

19.

Oct 31 46
(Date rec'd by registrar)

19.

R. J. Johnson M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1946, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death

Gun shot wound leg
abdomen

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. accident Date of 10/29/46Where did injury occur? Princess Anne Somerset Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) at another's homeMeans of injury Gun shot Injured at work? No

23. SIGNATURE

Henry H. Laufford M.D.
M. D. or other
Address Princess Anne Md Date signed 10/30/46

445-11

RECEIVED

1945

RECEIVED
NOV 1 1945
U.S. AIR FORCE